



# Lexington City Schools

300 Diamond Street  
Lexington, VA 24450

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## **EMPLOYMENT APPLICATION**

The following documents are required in order for us to have a complete application packet.

1. Lexington City Schools Application
2. Copies of College Transcripts
3. Copy of Teaching/Administrative License
4. (3) References on the Reference Form provided
5. Certification Statement 22.1-296.1
6. Cover Letter and Current Resume

Thank you for your interest in Lexington City Schools, a “Super District for Quality Schools!” Please submit any additional paperwork to us within three weeks of the application date. If we can answer any questions, please email or call us. Please remember that your Certification Statement Required by 22.1-296.1 must be signed and returned BEFORE your application can be processed.

Should you be selected as a candidate for a future vacancy, we will contact you to arrange an interview at a mutually convenient time.

We appreciate your interest in Lexington City Schools!

**E–O–E**

# LEXINGTON CITY SCHOOLS

## EMPLOYMENT APPLICATION

300 Diamond Street  
Lexington, Virginia 24450  
(540) 463-7146

**Instructions:** Use the Tab key for easy navigation. Upon completion, save and email as an attachment to [troberts@lexedu.org](mailto:troberts@lexedu.org).

**Applicant's Full Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Numbers:**

**Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

My signature below authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school division and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omissions, false answered statements made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school division.

**Signature:** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_

**Mark the appropriate boxes:**      New Application ☐      Former Employee of the School Division ☐

### INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED

Teacher ☐ Guidance ☐ Library/Media ☐ Other ☐ (Explain) \_\_\_\_\_

Administrator ☐ Supervisor ☐ Psychologist ☐ Visiting Teacher/Social Worker ☐

List grade level(s) and/or subject area(s) in order of preference. \_\_\_\_\_

**Are you a U.S. citizen?**      Yes ☐      No ☐

**If not, are you eligible to work in the U.S.?**      Yes ☐      No ☐

**I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically)**

<b>Level of Education</b>	<b>Name of Secondary School</b>			<b>State</b>
	_____			_____
<b>High School</b>	<b>Field of Study</b>	<b>Type of Degree</b>	<b>Year of Graduation</b>	<b>Dates of Attendance From - To</b>
	_____	_____	_____	_____ - _____

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	<b>Name of College or University</b>			<b>State</b>
	_____			_____
<b>College or University</b>	<b>Field of Study</b>	<b>Type of Degree</b>	<b>Year of Graduation</b>	<b>Dates of Attendance From - To</b>
	_____	_____	_____	_____ - _____

**II. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships.)**

<b>Name of School</b>		<b>School Division City/County</b>	
_____		_____	
<b>State</b>	<b>Grade Level and/or Subject</b>	<b>Dates From - To</b>	
_____	_____	_____ - _____	

<b>Name of School</b>		<b>School Division City/County</b>	
_____		_____	
<b>State</b>	<b>Grade Level and/or Subject</b>	<b>Dates From - To</b>	
_____	_____	_____ - _____	

**III. TEACHING EXPERIENCE (List chronologically all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING.)**

<b>Name of School</b>		<b>School Division – City/County</b>		
_____		_____		
<b>State</b>	<b>Position Held Grades and/or Subjects Taught (Specify)</b>	<b>Dates (MM/DD/YYYY) (From - To)</b>	<b>Full Time</b>	<b>Part Time</b>
_____	_____	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>Name of School</b>		<b>School Division – City/County</b>		
_____		_____		
<b>State</b>	<b>Position Held Grades and/or Subjects Taught (Specify)</b>	<b>Dates (MM/DD/YYYY) (From - To)</b>	<b>Full Time</b>	<b>Part Time</b>
_____	_____	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>Name of School</b>		<b>School Division – City/County</b>		
_____		_____		
<b>State</b>	<b>Position Held Grades and/or Subjects Taught (Specify)</b>	<b>Dates (MM/DD/YYYY) (From - To)</b>	<b>Full Time</b>	<b>Part Time</b>
_____	_____	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>

**IV. WORK EXPERIENCE OTHER THAN TEACHING (List chronologically)**

Employer	City/County	State	Dates of Employment
_____	_____	_____	_____
Kind of Work			
_____			

Employer	City/County	State	Dates of Employment
_____	_____	_____	_____
Kind of Work			
_____			

Employer	City/County	State	Dates of Employment
_____	_____	_____	_____
Kind of Work			
_____			

**V. Military Experience**

Branch of Service: \_\_\_\_\_ Occupational Specialist (MOS): \_\_\_\_\_  
Inclusive Dates: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**VI. Certification**

A. Have you been issued a Virginia certificate? Yes ☐ No ☐ **(please submit a photocopy)**

Type of Va. Certificate: Provisional ☐ Collegiate Professional ☐ PG Professional ☐  
Pupil Personnel ☐ VIE ☐

Year of Expiration of Virginia Certificate: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have you applied for a Virginia Certificate? Yes ☐ No ☐ When? \_\_\_\_\_

B. If you have been issued a certificate in another state? Yes ☐ **(If yes, please submit a photocopy)**

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Certification/Endorsements: \_\_\_\_\_

C. Have you taken the PRAXIS, Part I & II? Yes ☐ No ☐ **(If yes, please submit a copy of your scores.)**

**VII. GENERAL INFORMATION**

Month, Day, and Year Available for employment: \_\_\_\_\_ Are you currently under contract? Yes ☐ No ☐

If yes, where? \_\_\_\_\_

If presently employed, why do you wish to change? \_\_\_\_\_

If under contract, what type: Annual ☐ Probationary ☐ Other ☐ (explain) \_\_\_\_\_ Continuing/Tenure ☐

If under contract, have you checked and can you be released if you are offered another position? Yes ☐ No ☐

If not under contract now, have you ever held a continuing contract in Virginia? Yes ☐ No ☐

If yes, cite school division(s) and date(s): \_\_\_\_\_

Referral Source: Advertisement/Posting ☐ Employee ☐ Friend ☐ Other ☐ (Explain) \_\_\_\_\_

Have you ever been refused tenure or a continuing contract?

Yes ☐ No ☐

(If yes, explain in "Additional Remarks" section following section X.)

Have you ever been discharged or requested to resign from a position?

Yes ☐ No ☐

(If yes, explain in "Additional Remarks" section following section X.)

Have you ever been convicted of a violation of law other than a minor traffic violation?

(If yes, explain in “**Additional Remarks**” section following section X.)

Yes ☐ No ☐

Have you ever had a certificate or license revoked or suspended?

(If yes, explain in “**Additional Remarks**” section following section X.)

Yes ☐ No ☐

Are any criminal charges or proceedings pending against you?

(If yes, explain in “**Additional Remarks**” section following section X.)

Yes ☐ No ☐

## VIII. REFERENCES

It is the applicant's responsibility to have the following information provided the School Division in order to be considered for employment:

\*The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not currently employed.

\*Unless included in Placement File, applicants with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

\*Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and co-operating teacher(s) in the placement file or by listing names below.

As indicated above, a Placement File is being sent, ☐ or references are listed below ☐.

Name of Reference

Position/Relationship

1. \_\_\_\_\_

Mailing Address

Phone Number

Name of Reference

Position/Relationship

2. \_\_\_\_\_

Mailing Address

Phone Number

Name of Reference

Position/Relationship

3. \_\_\_\_\_

Mailing Address

Phone Number

## IX. EXTRACURRICULAR ACTIVITIES

Indicate the number of years experience in the activities listed below. Check activities you are willing to coach/sponsor:

Extracurricular Activities	Years Experience	High School Experience	College Experience	Contract Experience
Football	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softball	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross Country	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Field Hockey	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IM Director	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Director	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Trainer	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensics	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debate	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yearbook	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literary Magazine	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Government	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honor Society	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubs	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleaders	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**X. OTHER INFORMATION**

To avoid conflict of interest, list any local school board member or employee relative(s) in the school division and cite relationship.

\_\_\_\_\_

Estimate your total absence from work or school for the last three years and explain the reason(s).

\_\_\_\_\_

Explain any physical or mental conditions which would adversely affect your ability to perform the duties of the position you seek; or if there are none, so state.

\_\_\_\_\_

Provide any additional information you desire that will afford an additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest.

\_\_\_\_\_

**NOTICE**

The School Board does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, handicapping conditions, or sex in its educational programs or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.

**ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM SECTION VII - GENERAL INFORMATION**

\_\_\_\_\_

**THIS PAGE MUST BE PRINTED, SIGNED AND RETURNED BEFORE ANY  
APPLICANT CAN BE CONSIDERED FOR EMPLOYMENT.**

**Certification Statement Required by 22.1 – 296.1.** Data on convictions for certain crimes and child abuse and neglect required; penalty.

"I understand and agree that by signing and submitting this application, I certify

1. that I have not been convicted of a felony or any offense involving the sexual molestation, physical or sexual abuse or rape of a child.

and

2. please check *one* box below:

- A. ☐ that I have been convicted of a crime of moral turpitude.
- B. ☐ that I have not been convicted of a crime of moral turpitude.

3. please check *one* box below:

- A. ☐ that I have been the subject of a founded case of child abuse and neglect.
- B. ☐ that I have not been the subject of a founded case of child abuse and neglect.

I further understand that if I make a materially false statement regarding any of the above offenses, I will be guilty of a Class 1 misdemeanor and upon conviction, that fact of said conviction shall be grounds for the Board of Education to revoke such person's license to teach.

**RETIREMENT BENEFITS**

1. Have you ever been in a Virginia Retirement System covered position? Yes ☐ No ☐
2. Are you receiving Virginia Retirement System benefits? Yes ☐ No ☐
3. Are you receiving retirement benefits from any other State Retirement System? Yes ☐ No ☐

If yes, where? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## Lexington City Schools

Lexington, Virginia

### Reference Form

Dear \_\_\_\_\_,

I am applying for a position as \_\_\_\_\_ with the Lexington City Schools. Please complete appropriate evaluation categories that apply to your knowledge of my background, and mail directly to the Lexington City Schools, 300 Diamond Street, Lexington, VA 24450.

I agree to ( ) do not agree to ( ) waive my right to access to your response.

\_\_\_\_\_  
Applicant's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
(Please print your name here)

	Superior	Above Average	Average	Below Average	N/A
1. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Poise/Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Habits of Workmanship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Initiative & Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Command of English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Overall effectiveness as teacher/administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Would you employ this applicant?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. If this person were employed by you, would a contract have been issued?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Comments:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_



As required by federal laws and regulations, the Lexington City School Board does not discriminate on the basis of sex, race, color, religion, handicapping condition, or national origin in employment or in its educational programs and activities.

**“AN EQUAL OPPORTUNITY EMPLOYER”**

Please check the boxes that describe your sex and race or ethnic group.

\*\*\*\*\*

The categories are those suggested by the Federal Equal Employment Opportunity Commission.

You may decline to return this form with your application. Also, you may return the form without your name. If you decline to return the form, or if you return it without your name, your application will still be considered and your chance of being hired will not be affected in any way.

<u>Sex</u>	<u>Race or Ethnic Group</u>
<input type="checkbox"/> Male	<input type="checkbox"/> White (not Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> Female	<input type="checkbox"/> Black (not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.
	<input type="checkbox"/> Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central of South American, or other Spanish culture or origin, regardless of race.
	<input type="checkbox"/> Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example China, Japan, Korea, India, The Philippine Islands, and Samoa.
	<input type="checkbox"/> American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_